

Governing Body
24th November 2017

Primary Care Committee

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<p><u>EXECUTIVE SUMMARY</u></p> <p>As a non-delegated CCG, it is proposed that Surrey Downs CCG hold a Primary Care Committee to have a collective responsibility, recommendation and decision making on the review, planning and procurement of primary care services in Surrey Downs CCG</p> <p>The Governing Body are asked to agree the enclosed Terms of Reference</p>	
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GOVERNANCE SUMMARY

Compliance:	Finance:
	Engagement :
	Formal impact assessments:
	Risk:
	Legal:
CCG principal objectives relevant to this paper (delete those that do not apply):	P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality
CCG Operating plan objectives relevant to this paper (delete those that do not apply):	
CCG core functions relevant to this paper (delete those that do not apply):	

Surrey Downs Clinical Commissioning Group

Terms of Reference for the Primary Care Committee (the “Committee”)

1 PURPOSE

The Committee is a committee of the Governing Body of Surrey Downs Clinical Commissioning Group (the “**Governing Body**”) and is appointed in accordance with the CCG’s Constitution. Its purpose is to assist the Governing Body in the effective discharge of its responsibilities for corporate governance, financial reporting and corporate control with regards to Primary Care. The Committee has no executive powers with regard to its recommendations and does not relieve the executive officers of the CCG of their responsibilities for these matters under the CCG’s Scheme of Delegation.

2 MEMBERSHIP

2.2 The Committee will consist of a minimum of seven members, as follows:

- 2.2.1 one Lay Member for Governance on the Governing Body;
- 2.2.2 a clinical member of the Governing Body;
- 2.2.3 an external clinician from outside the Surrey Heartlands area;
- 2.2.4 the Chair of the Governing Body
- 2.2.5 the Managing Director
- 2.2.6 the Head of Finance Officer*

2.3 If additional skills are required for the Committee to function effectively, then the Governing Body may appoint a further suitably qualified independent individual as a member of the Committee, but such a person shall not be a member of the Governing Body.

- 2.4 The Lay Members for Governance shall chair the Committee (“Committee Chair”). The Committee Chair shall have qualifications, expertise or experience such as to enable him/ her to express informed views about primary care matters.
- 2.5 The Committee Chair, members, and the term of appointment of each member shall be determined by the Governing Body on the recommendation of the Remuneration and Nominations committee in consultation with the Committee Chair. Appointments will be made having due regard for the opinions of the CCG’s Council of Members.
- 2.6 Members of the Committee will normally serve for a period of up to three years, extendable by no more than two additional three-year periods, so long as members continue to be eligible.
- 2.7 The following will be invited to attend meetings, or relevant parts of meetings, at the request of the Committee Chair.
- 2.7.1 Head of Primary Care*
 - 2.7.2 Head of Quality *
 - 2.7.3 Locality Chairs
 - 2.7.4 LMC Representative
 - 2.7.5 Practice Manager Representative (nominated from the practice manager’s meeting)
- 2.8 Any individual members of the Governing Body or the executive management team shall be invited to attend those meetings in which the Committee will consider areas of risk or operation that are within such person’s area of responsibility.
- 2.9 Members will be expected to attend 75% of meetings during the financial year. Taking part in accordance with paragraph 3.6 below will count as attendance.
- 2.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw from a meeting at any time in order to facilitate frank and

open discussion of particular matters, in line with the CCG's policies for managing conflicts of interest.

3 MEETINGS

- 3.2 The Committee shall meet at the call of its Chair, but not less than four times a year (such meetings to be held to coincide with key dates within the business cycle) and at such other times as may be necessary at the request of its Chair, the Chair of the Governing Body or two or more members of the Governing Body.
- 3.3 The quorum necessary for the transaction of business shall be three, which must include at least one clinician and one lay member. A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.
- 3.4 Meetings will be chaired by the Committee Chair or, in his/her absence, by the other Lay member for Governance who is a member of the committee.
- 3.5 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee and any other person required to attend, no later than three working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.
- 3.6 Meetings may be held by conference call or by electronic means, so long as those present can hear each other and contribute simultaneously to the meeting.
- 3.7 In exceptional circumstances and as approved by the Governing Body, decisions of the Committee may be made by written or electronic resolution, agreed by all members of the Committee.
- 3.8 Outside the formal meeting programme, the Committee Chair will maintain a regular dialogue with those primarily responsible for primary care matters.

4 SECRETARY

The Governing Body Secretary (the “**Secretary**”) shall be the secretary to the Committee and will arrange administrative support and advice. The duties of the Secretary in this regard include but are not limited to:

4.2 agreeing the agenda with the Committee Chair, together with the collation of connected papers;

4.2 preparing a schedule of meetings for the year to be published in advance and circulated to members and other interested parties;

4.3 taking or ensuring the taking of minutes and keeping a record of matters arising and issues to be carried forward;

4.4 advising the Committee as appropriate on best practice and national guidance in relation to the effective functioning of a committee of this nature.

5 Minutes of meetings

5.1 The Secretary shall minute, or procure the taking of minutes of, the proceedings of all meetings of the Committee, including recording the names of those present and in attendance as well as apologies.

5.2 The Secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.

5.3 Draft minutes of committee meetings shall be circulated promptly to the Committee Chair and, if required, to all the members of the Committee. Once approved, minutes should be circulated to all other members of the Governing Body.

6 Annual General Meeting

6.1 The Committee Chair shall attend the Annual General Meeting prepared to respond to any member questions on the Committee's activities.

7 Reporting responsibilities

The Committee will report to the Governing Body annually on its work in support of the CCG's aims in respect of primary care

7.1 the Committee Chair shall report formally to the Governing Body, on its proceedings after each meeting on all matters within its duties and responsibilities;

7.2 the Committee shall make whatever recommendations to the Governing Body it deems appropriate on any area within its remit where action or improvement is needed;

7.3 the Committee shall make whatever recommendations to the GPFV Part 3 Meeting of the North West Surrey Primary Care Commissioning Committee

7.4 where exceptional, serious and improper activities have been revealed by the committee, the Chair shall write to NHS England, if insufficient action has been taken by the Governing Body after being informed of the situation.

7.5 the Committee shall compile a report to the Governing Body and members on its activities to be included in the CCG's annual report. This will include any recommendations by the Committee to the Governing Body that were not approved, and the reasons for their non-acceptance.

8 AUTHORITY

The Committee is a non-executive committee of the Governing Body and has no powers, other than those specifically delegated in these terms of reference or conferred by legislation to enact or oversee actions specifically delegated by the Governing Body from time to time. The Committee is authorised:

- 8.1 to seek any information it requires from any employee of the CCG in order to perform its duties;
- 8.2 to obtain, at the CCG's expense, outside legal or other professional advice on any matter within its terms of reference. Save in exceptional circumstances, before seeking any such advice, the Committee shall consult the Chief Financial Officer as to the cost of that advice and the means of procuring it.
- 8.3 to call any Member of the Governing Body or any employee to be questioned at a meeting of the Committee as and when required;
- 8.4 to form any working group, tasked for a specific purpose and for a fixed period of time, to support the delivery of any of its duties and responsibilities, or for relevant research; and
- 8.5 to advise or make recommendations to any other Committee

9 OTHER MATTERS

The Committee shall:

- 9.1 have access to sufficient resources in order to carry out its duties, including access to the CCG's secretariat for assistance as required;

9.2 be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members;

9.3 give due consideration to relevant laws, guidance and regulations as appropriate, including the NHS Audit Handbook, and the Nolan principles;

9.4 act within its delegated powers when making any decision;

9.5 work closely with other committees of the Governing Body in discharging its delegated responsibilities;

9.7 at least once a year, review its own performance, constitution and terms of reference to ensure it is operating effectively and recommend any changes it considers necessary to the Governing Body for approval; and

9.8 act in accordance with the CCG's conflict of interest policy. In particular Members shall state for the record any interest relating to any matter to be considered at each meeting. A Member who has a conflict of interest will leave the meeting when required by the Chair. It will be for the Chair to decide whether the Member may contribute to any part of the discussion on the item in which they have a conflict of interest.

10 DUTIES AND RESPONSIBILITIES

The Primary Care Committee will undertake duties in the following areas, to enable the members to make collective decisions on the review, planning and procurement of primary care services in Surrey Downs CCG, or otherwise as requested by the Governing Body:

Core responsibilities

- commissioning primary care from practices who are members of NHS Surrey Downs CCG
- development of the three localities
- ensuring the implementation of the GPFV and
- ensuring high quality primary care for the Surrey Downs population

10.1 This includes the following activities:

- Engaging with NHSE on the monitoring of contracts, where NHSE will take contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed Primary Care Quality Standards
- Design of local incentive schemes as appropriate
- Discussions and recommendations (as appropriate) to NHSE on any proposed practice mergers/retirements/decision making on whether to establish a new GP Practice in an area including list dispersals
- Recommendations to NHSE for future GP Resilience Fund support and, where appropriate, monitoring of Resilience support to practices
- Agreement on any future ETTF/MIG Estate bids
- Ensuring that the work of the Committee aligns with and enables delivery of the CCGs Commissioning Intentions and Operating Plan
- Planning, including needs assessment, of primary care medical services in Surrey Downs CCG
- Responsibility for engaging in the development and delivery of the CCG's primary care strategy
- Undertaking reviews of primary care services in Surrey Downs CCG
- Co-ordinating a common approach to the commissioning of primary care services generally
- Providing oversight of the financial planning and budget management for the commissioning of primary care services in Surrey Downs CCG
- Providing oversight of the management of primary care estates in line with the CCG's Estate Strategy

- Providing oversight of the GP IT Steering Group in line with the Surrey-wide Digital Roadmap

10.2 Implementation of the GP FV Programme which includes:

- Monitoring locality Transition and Transformation Projects
- Agreeing practices to be put forward for resilience funds – monitoring practices on these programmes
- Implementation of GPFV training programmes
- Commissioning and procuring Extended Access across the CCG and managing with implementation of Extended Access
- Working with localities, GP Tutors, Primary Care Workforce tutors and HEKSS on workforce implementation
- Reporting into the respective GPFV and STP Primary Care and Out of Hospital Programmes

10.3 Localities

- Development of the localities as commissioning organisations
- Engagement with localities for input into Commissioning Intentions

10.4 Delegated Commissioning

- Managing any future proposals for delegated commissioning

10.5 Quality

- Delivery of Primary Care Dashboards
- Assurance on implementation, standards and improvements in Primary Care

